

Application for Residential Care Homes for the Elderly

申請人住安老院

**MEF-B**

(Revised 10/2016)

**Medical Examination Form (B)**

**體格檢驗報告書 (乙)**

(Result of Laboratory Tests 化驗結果)  
- for admission to subvented elderly homes -

Particulars of Applicant 申請人資料

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
姓名： \_\_\_\_\_ 性別： \_\_\_\_\_ 年齡： \_\_\_\_\_

HKID No. \_\_\_\_\_ Hospital/Clinic Ref. No. \_\_\_\_\_  
身份証號碼： \_\_\_\_\_ 醫院/診所檔號： \_\_\_\_\_

Laboratory Findings 化驗結果：

Chest X-ray \_\_\_\_\_ Date taken \_\_\_\_\_  
X 光胸肺檢查： \_\_\_\_\_ 檢查日期： \_\_\_\_\_

(if CXR abnormal 如 X 光胸肺檢查結困不正常：)

Sputums AFB Smear 唾液耐發性杆菌塗片： \_\_\_\_\_

(if the applicant is in need of special treatment, please specify and give a referral to him/her)  
(如申請人須接受特別診治，請說明需何種診治，並給他/她轉介信)

\_\_\_\_\_  
\_\_\_\_\_

Other Comments 其他批註： \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital/Clinic \_\_\_\_\_  
醫生姓名： \_\_\_\_\_ 醫院/診所： \_\_\_\_\_